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Controlling Your Blood Sugar During Pregnancy

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If you have been diagnosed with diabetes prior to pregnancy this is called Pre-gestat

I got a text from a friend today, “My 1 hour sugar test is elevated. What does that mean?” After we discussed expectations, the next week she texts again, “my 3 hour test is normal, do I need to do anything different for the rest of my pregnancy?”

Although there are many great books and websites out there to tell you what to expect during pregnancy, until it happens to you- sometimes you do not get to that chapter. Then once you get to your appointment, it may be all about logistics and you miss 85% of the conversation your provider had with you.

Here’s what you need to know- short and sweet so you can remember. Don’t worry I’ll give you references at the end too.

Diabetes occurs when your blood sugar level in the blood is not

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regulated. If you have been diagnosed with diabetes prior to pregnancy this is called **Pre-gestational** diabetes. It is crucial to have this controlled prior to pregnancy to reduce major defects and risk of death in the early growth phases of your baby. If you are diagnosed with diabetes during your pregnancy then you have gestational (during pregnancy) diabetes. If it is very early in your pregnancy then you probably had it prior to pregnancy too.



Diabetes occurs when your blood sugar level in the blood is not regulated.

Why did this happen to me? You naturally make a hormone called insulin that regulates your blood sugar levels. It is thought that the placenta carries hormones that alter your body's ability to stay balanced in order to provide nutrients to your baby.¹ Some people's bodies respond well to this and others don't, especially if you are at higher risk prior to pregnancy.

When and how do I get diagnosed? Typically, between 24-28 weeks of pregnancy, your provider will ask you to drink a sugary drink (you don't have to fast) and wait one hour for a blood test. If you have risk factors: over the age of 30, African American, Hispanic, Native American heritage, elevated BMI (body mass index based on your height and weight), prior history of abnormal glucose testing, prior history of a large baby at delivery, you may have to do this test twice- once in the early 2nd trimester and again in the late 2nd trimester. Depending on the scale that is used, if your 1hr test is >140 (some clinics use 135), then you are at risk for GDM and a 2nd confirmation test will need to be done. For this test, you should fast for at least 8 hours. You will get blood drawn 4 times, once fasting (prior to eating), then you will drink more of the sugary drink, then drawn again at 1, 2, and 3hrs after drinking. Some people do vomit and have to try again another day or do an alternative method of testing, but most women tolerate the test very well. Once again depending on the scale used if two or more of the blood tests are abnormal or one blood level is significantly high, you are diagnosed with Gestational Diabetes.



If my 1 hour is abnormal and my 3 hour is normal am I free and clear? Absolutely not. Although you do not have to go through the steps explained below, research shows that you could potentially have insulin resistance and like

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Research shows that you could potentially have insulin resistance and like everyone during their pregnancy (barring other medical concerns) daily exercise of at least 30 minutes and monitoring your eating choices is very important.

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If my 3 hour is abnormal then what’s next? Your provider should order you a set of supplies to check your blood sugar 4-6 times a day. Your provider will review goals of glucose level management, I recommend fasting glucose <95 and 2 hours after meals < 120 or <140 if 1 hour after a meal. If levels are not controlled within 2-3 weeks with diet and exercise then medication therapy is recommended. Medications may either be oral or through an injection.

Will I get delivered early? Do I need additional testing?

This is all dependent on how well our body responds to your change in exercise and eating habits. You may undergo fetal testing (monitoring the fetal heart rate and measuring the fluid levels around your baby) during the latter part of your 3rd trimester, you may need a growth ultrasound to help calculate the baby’s weight, and/or delivery prior to your due date. But remember, the goal is to have a healthy baby so do your best and your provider will do the same to help you reach your goal.

I’m delivered, what next? If you are well controlled most providers stop checking your blood sugars after delivery but this does not mean you should change your healthy eating habits. Also, as soon as you are able to return to working out you should do so. By the way, breastfeeding is a great way to reduce you and your newborns risk for developing diabetes in the future. Around your 5-6th week postpartum, you will need to do another fasting sugar test but this one takes 2 hours. This is to make sure your diabetes has resolved. If it has not, you will need to see your provider and continue with the nutritionist to get your levels controlled and help prevent major complications from diabetes in the future. You should also continue annual visits with your primary care provider and check at least every 2-3 years for the development of Type II Diabetes. You should also inform your baby’s physician that you had diabetes during pregnancy because your child is at risk for childhood diabetes as well.



Always continue to eat healthy and exercise.

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The above information is for educational purposes only. Please discuss in depth with your OB provider.

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